

Return of Organization Exempt From Income Tax

2019

Open to Public Inspection

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning , 2019, and ending ,

Form sections B through M: B (Organization name), C (Address), D (Employer ID), E (Phone), F (Website), G (Ruling), H(a-c) (Disqualified persons), I (State), J (Website), K (State), L (County), M (City).

Part I Summary

Table with 22 rows: 1-7a (Activities & Governance), 8-12 (Revenue), 13-19 (Expenses), 20-22 (Net Assets or Fund Balances). Columns include Prior Year and Current Year.

Part II Signature Block

Signature block for the organization and the paid preparer, including checkboxes for preparer status.

Part III Statement of Program Service Accomplishments

1. State the name of the program, the type of program, the geographic area served, and the date of the report.

1. _____

2. _____

2. _____ Yes No

3. _____ Yes No

3. _____

4. _____ _____ _____ _____ _____

4a. _____ _____ _____ _____ _____ _____

4b. _____ _____ _____ _____ _____ _____

4c. _____ _____ _____ _____ _____ _____

4d. _____ _____ _____ _____ _____

4e. _____ _____ _____ _____

Part IV Checklist of Required Schedules

	Yes	No
1 <input type="checkbox"/> If 'Yes,' complete Schedule A	<input type="checkbox"/>	<input type="checkbox"/>
2 <input type="checkbox"/> Schedule B, Schedule of Contributors	<input type="checkbox"/>	<input type="checkbox"/>
3 <input type="checkbox"/> If 'Yes,' complete Schedule C, Part I	<input type="checkbox"/>	<input type="checkbox"/>
4 Section 501(c)(3) organizations. <input type="checkbox"/> If 'Yes,' complete Schedule C, Part II	<input type="checkbox"/>	<input type="checkbox"/>
5 <input type="checkbox"/> If 'Yes,' complete Schedule C, Part III	<input type="checkbox"/>	<input type="checkbox"/>
6 <input type="checkbox"/> If 'Yes,' complete Schedule D, Part I	<input type="checkbox"/>	<input type="checkbox"/>
7 <input type="checkbox"/> If 'Yes,' complete Schedule D, Part II	<input type="checkbox"/>	<input type="checkbox"/>
8 <input type="checkbox"/> If 'Yes,' complete Schedule D, Part III	<input type="checkbox"/>	<input type="checkbox"/>
9 <input type="checkbox"/> If 'Yes,' complete Schedule D, Part IV	<input type="checkbox"/>	<input type="checkbox"/>
10 <input type="checkbox"/> If 'Yes,' complete Schedule D, Part V	<input type="checkbox"/>	<input type="checkbox"/>
11 <input type="checkbox"/>		
a <input type="checkbox"/> If 'Yes,' complete Schedule D, Part VI	<input type="checkbox"/>	<input type="checkbox"/>
b <input type="checkbox"/> If 'Yes,' complete Schedule D, Part VII	<input type="checkbox"/>	<input type="checkbox"/>
c <input type="checkbox"/> If 'Yes,' complete Schedule D, Part VIII	<input type="checkbox"/>	<input type="checkbox"/>
d <input type="checkbox"/> If 'Yes,' complete Schedule D, Part IX	<input type="checkbox"/>	<input type="checkbox"/>
e <input type="checkbox"/> If 'Yes,' complete Schedule D, Part X	<input type="checkbox"/>	<input type="checkbox"/>
f <input type="checkbox"/> If 'Yes,' complete Schedule D, Part X	<input type="checkbox"/>	<input type="checkbox"/>
12a <input type="checkbox"/> If 'Yes,' complete Schedule D, Parts XI and XII	<input type="checkbox"/>	<input type="checkbox"/>
b <input type="checkbox"/> If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	<input type="checkbox"/>	<input type="checkbox"/>
13 <input type="checkbox"/> If 'Yes,' complete Schedule E	<input type="checkbox"/>	<input type="checkbox"/>
14a <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b <input type="checkbox"/> If 'Yes,' complete Schedule F, Parts I and IV	<input type="checkbox"/>	<input type="checkbox"/>
15 <input type="checkbox"/> If 'Yes,' complete Schedule F, Parts II and IV	<input type="checkbox"/>	<input type="checkbox"/>
16 <input type="checkbox"/> If 'Yes,' complete Schedule F, Parts III and IV	<input type="checkbox"/>	<input type="checkbox"/>
17 <input type="checkbox"/> If 'Yes,' complete Schedule G, Part I	<input type="checkbox"/>	<input type="checkbox"/>
18 <input type="checkbox"/> If 'Yes,' complete Schedule G, Part II	<input type="checkbox"/>	<input type="checkbox"/>
19 <input type="checkbox"/> If 'Yes,' complete Schedule G, Part III	<input type="checkbox"/>	<input type="checkbox"/>
20a <input type="checkbox"/> If 'Yes,' complete Schedule H	<input type="checkbox"/>	<input type="checkbox"/>
b <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 <input type="checkbox"/> If 'Yes,' complete Schedule I, Parts I and II	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Question text, Yes, No. Rows include questions 22 through 38 regarding various IRS schedules (I, J, K, L, M, N, R) and organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with 3 columns: Question number, Question text, Yes, No. Rows include questions 1 a, 1 b, and 1 c regarding other IRS filings and tax compliance.

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1 a

- current
former
former directors or trustees

Table with 6 columns: (A) Name, (B) Individual trustee or director, (C) Institutional trustee, Officer, Key employee, Highest compensated employee, Former, (D) Total compensation, (E) Non-equity based compensation, (F) Equity based compensation. Rows 1-14.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Table with 6 columns: (A) Name, (B) Title, (C) Role (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Salary, (E) Bonus, (F) Other compensation. Rows 15-25.

Summary rows: 1b Subtotal, c Total from continuation sheets to Part VII, Section A, d Total (add lines 1b and 1c).

2 []

Table with 3 columns: Question, Yes, No. Rows 3, 4, 5 regarding former individuals and persons.

Section B. Independent Contractors

1 []

Table with 3 columns: (A) Name, (B) Title, (C) Other compensation. Rows 1-2.

2 []

Part VIII Statement of Revenue

		(A)	(B)	(C)	(D)	
Contributions, Gifts, Grants and Other Similar Amounts	1 a					
	b					
	c					
	d					
	e					
	f					
	g					
	h Total.					
	Business Code					
Program Service Revenue	2 a					
	b					
	c					
	d					
	e					
	f					
	g Total.					
Other Revenue	3					
	4					
	5					
	6 a	6 a				
		b				
		c				
		d				
	7 a	7 a				
		b				
		c				
		d				
	8 a	8 a				
		b				
		c				
	9 a	9 a				
b						
c						
10 a	10 a					
	b					
	c					
Business Code						
Miscellaneous Revenue	11 a					
	b					
	c					
	d					
	e Total.					
12 Total revenue.						

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Table with 5 columns: (A), (B), (C), (D) and a description column. Rows include categories like 'Programs and projects', 'Administrative expenses', and 'Fundraising expenses'. Row 26 is labeled 'Joint costs'.

Part X Balance Sheet

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		(A)	(B)
Assets	1		
	2		
	3		
	4		
	5		
	6		
	7		
	8		
	9		
	10a	10a	
	b	10b	
	10c	10c	
	11		
	12		
	13		
	14		
15			
16	Total assets.		
Liabilities	17		
	18		
	19		
	20		
	21		
	22		
	23		
	24		
	25		
	26	Total liabilities.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/>		
	and complete lines 27, 28, 32, and 33.		
	27		
	28		
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/>		
	and complete lines 29 through 33.		
	29		
30			
31			
32			
33			

Part XI Reconciliation of Net Assets

<input type="checkbox"/>			
1	<input type="checkbox"/>	1	<input type="checkbox"/>
2	<input type="checkbox"/>	2	<input type="checkbox"/>
3	<input type="checkbox"/>	3	<input type="checkbox"/>
4	<input type="checkbox"/>	4	<input type="checkbox"/>
5	<input type="checkbox"/>	5	
6	<input type="checkbox"/>	6	
7	<input type="checkbox"/>	7	
8	<input type="checkbox"/>	8	
9	<input type="checkbox"/>	9	<input type="checkbox"/>
10	<input type="checkbox"/>	10	<input type="checkbox"/>

Part XII Financial Statements and Reporting

<input type="checkbox"/>			Yes	No
1	<input type="checkbox"/>	<input type="checkbox"/>		
2 a	<input type="checkbox"/>	<input type="checkbox"/>	2 a	<input type="checkbox"/>
b	<input type="checkbox"/>	<input type="checkbox"/>	2 b	<input type="checkbox"/>
c	<input type="checkbox"/>	<input type="checkbox"/>	2 c	<input type="checkbox"/>
3 a	<input type="checkbox"/>	<input type="checkbox"/>	3 a	<input type="checkbox"/>
b	<input type="checkbox"/>	<input type="checkbox"/>	3 b	<input type="checkbox"/>

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

1545010

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Name of the organization

Employer identification number

Part I Reason for Public Charity Status

- 1 Section 170(b)(1)(A)(i).
- 2 Section 170(b)(1)(A)(ii).
- 3 Section 170(b)(1)(A)(iii).
- 4 Section 170(b)(1)(A)(iii)
- 5 Section 170(b)(1)(A)(iv).
- 6 Section 170(b)(1)(A)(v).
- 7 Section 170(b)(1)(A)(vi).
- 8 Section 170(b)(1)(A)(vi)
- 9 Section 170(b)(1)(A)(ix)
- 10 Section 509(a)(2).
- 11 Section 509(a)(4).
- 12 Section 509(a)(1) Section 509(a)(2) Section 509(a)(3).
- a Type I. You must complete Part IV, Sections A and B.
- b Type II. You must complete Part IV, Sections A and C.
- c Type III functionally integrated. You must complete Part IV, Sections A, D, and E.
- d Type III non-functionally integrated. You must complete Part IV, Sections A and D, and Part V.
- e
- f
- g

	(i) <input type="checkbox"/>	(ii) <input type="checkbox"/>	(iii) <input type="checkbox"/>		(iv) <input type="checkbox"/>		(v) <input type="checkbox"/>	(vi) <input type="checkbox"/>
			Yes	No	Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Total								

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Section A. Public Support

Calendar year (or fiscal year beginning in) <input type="checkbox"/>	(a) <input type="checkbox"/>	(b) <input type="checkbox"/>	(c) <input type="checkbox"/>	(d) <input type="checkbox"/>	(e) <input type="checkbox"/>	(f) <input type="checkbox"/>
1 <input type="checkbox"/>						
2 <input type="checkbox"/>						
3 <input type="checkbox"/>						
4 Total. <input type="checkbox"/>						
5 <input type="checkbox"/>						
6 Public support. <input type="checkbox"/>						

Section B. Total Support

Calendar year (or fiscal year beginning in) <input type="checkbox"/>	(a) <input type="checkbox"/>	(b) <input type="checkbox"/>	(c) <input type="checkbox"/>	(d) <input type="checkbox"/>	(e) <input type="checkbox"/>	(f) <input type="checkbox"/>
7 <input type="checkbox"/>						
8 <input type="checkbox"/>						
9 <input type="checkbox"/>						
10 <input type="checkbox"/>						
11 Total support. <input type="checkbox"/>						
12 <input type="checkbox"/>						12
13 First five years. <input type="checkbox"/>						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 <input type="checkbox"/>	14	<input type="checkbox"/>
15 <input type="checkbox"/>	15	<input type="checkbox"/>
16a 33-1/3% support test <input type="checkbox"/> 2019. <input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Stop here. <input type="checkbox"/>		<input type="checkbox"/>
b 33-1/3% support test <input type="checkbox"/> 2018. <input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Stop here. <input type="checkbox"/>		<input type="checkbox"/>
17a 10%-facts-and-circumstances test <input type="checkbox"/> 2019. <input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Stop here. <input type="checkbox"/>		<input type="checkbox"/>
b 10%-facts-and-circumstances test <input type="checkbox"/> 2018. <input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Stop here. <input type="checkbox"/>		<input type="checkbox"/>
18 Private foundation. <input type="checkbox"/>		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

Section A. Public Support

	(a)	(b)	(c)	(d)	(e)	(f)
1						
2						
3						
4						
5						
6 Total.						
7a						
b						
c						
8 Public support.						

Section B. Total Support

	(a)	(b)	(c)	(d)	(e)	(f)
9						
10a						
b						
c						
11						
12						
13 Total support.						
14 First five years.						

Section C. Computation of Public Support Percentage

15	15	
16	16	

Section D. Computation of Investment Income Percentage

17	2019	17	
18	2018	18	
19a	33-1/3% support tests 2019.		
b	33-1/3% support tests 2018.		
20	Private foundation.		

Part IV Supporting Organizations

Section A. All Supporting Organizations

	Yes	No
<p>1 <input type="checkbox"/> If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</p>		
<p>2 <input type="checkbox"/> If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</p>		
<p>3a <input type="checkbox"/> If 'Yes,' answer (b) and (c) below.</p>		
<p>b <input type="checkbox"/> If 'Yes,' describe in Part VI when and how the organization made the determination.</p>		
<p>c <input type="checkbox"/> If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.</p>		
<p>4a <input type="checkbox"/> If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.</p>		
<p>b <input type="checkbox"/> If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</p>		
<p>c <input type="checkbox"/> If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</p>		
<p>5a <input type="checkbox"/> If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</p>		
<p>b Type I or Type II only. <input type="checkbox"/></p>		
<p>c Substitutions only. <input type="checkbox"/></p>		
<p>6 <input type="checkbox"/> If 'Yes,' provide detail in Part VI.</p>		
<p>7 <input type="checkbox"/> If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</p>		
<p>8 <input type="checkbox"/> If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</p>		
<p>9a <input type="checkbox"/> If 'Yes,' provide detail in Part VI</p>		
<p>b <input type="checkbox"/> If 'Yes,' provide detail in Part VI</p>		
<p>c <input type="checkbox"/> If 'Yes,' provide detail in Part VI</p>		
<p>10a <input type="checkbox"/> If 'Yes,' answer 10b below.</p>		
<p>b <input type="checkbox"/> (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</p>		

		Yes	No
11	<input type="checkbox"/> If "Yes" to a, b, or c, provide detail in Part VI.		
a	<input type="checkbox"/>	11a	
b	<input type="checkbox"/>	11b	
c	<input type="checkbox"/>	11c	

Section B. Type I Supporting Organizations

		Yes	No
1	<input type="checkbox"/> If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	<input type="checkbox"/> If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations

		Yes	No
1	<input type="checkbox"/> If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

Section D. All Type III Supporting Organizations

		Yes	No
1	<input type="checkbox"/>	1	
2	<input type="checkbox"/> If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	<input type="checkbox"/> If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> Complete line 2 below.		
b	<input type="checkbox"/> Complete line 3 below.		
c	<input type="checkbox"/> Describe in Part VI how you supported a government entity (see instructions).		
2	Answer (a) and (b) below.		
a	<input type="checkbox"/> If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b	<input type="checkbox"/> If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3	Answer (a) and (b) below.		
a	<input type="checkbox"/> Provide details in Part VI.	3a	
b	<input type="checkbox"/> If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 See instructions.

Section A <input type="checkbox"/> Adjusted Net Income			
1		1	
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8	Adjusted Net Income	8	

Section B <input type="checkbox"/> Minimum Asset Amount			
1			
a		1a	
b		1b	
c		1c	
d	Total	1d	
e	Discount Part VI		
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8	Minimum Asset Amount	8	

Section C <input type="checkbox"/> Distributable Amount			
1		1	
2		2	
3		3	
4		4	
5		5	
6	Distributable Amount.	6	
7			

Section D <input type="checkbox"/> Distributions		Current Year
1	<input type="checkbox"/> <small>Enter the amount of the distribution to each of the following individuals:</small>	
2	<input type="checkbox"/> <small>Enter the amount of the distribution to each of the following organizations:</small>	
3	<input type="checkbox"/> <small>Enter the amount of the distribution to each of the following trusts:</small>	
4	<input type="checkbox"/> <small>Enter the amount of the distribution to each of the following entities:</small>	
5	<input type="checkbox"/> <small>Enter the amount of the distribution to each of the following entities:</small>	
6	<input type="checkbox"/> <small>Enter the amount of the distribution to each of the following entities:</small>	
7	Total annual distributions. <input type="checkbox"/>	
8	<input type="checkbox"/> <small>Enter the amount of the distribution to each of the following entities:</small>	
9	<input type="checkbox"/> <small>Enter the amount of the distribution to each of the following entities:</small>	
10	<input type="checkbox"/> <small>Enter the amount of the distribution to each of the following entities:</small>	

Section E <input type="checkbox"/> Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 <input type="checkbox"/> <small>Enter the amount of the distribution to each of the following individuals:</small>			
2 <input type="checkbox"/> <small>Enter the amount of the distribution to each of the following organizations:</small>			
3 <input type="checkbox"/> <small>Enter the amount of the distribution to each of the following trusts:</small>			
a <input type="checkbox"/> <small>Enter the amount of the distribution to each of the following entities:</small>			
b <input type="checkbox"/> <small>Enter the amount of the distribution to each of the following entities:</small>			
c <input type="checkbox"/> <small>Enter the amount of the distribution to each of the following entities:</small>			
d <input type="checkbox"/> <small>Enter the amount of the distribution to each of the following entities:</small>			
e <input type="checkbox"/> <small>Enter the amount of the distribution to each of the following entities:</small>			
f Total <input type="checkbox"/>			
g <input type="checkbox"/> <small>Enter the amount of the distribution to each of the following entities:</small>			
h <input type="checkbox"/> <small>Enter the amount of the distribution to each of the following entities:</small>			
i <input type="checkbox"/> <small>Enter the amount of the distribution to each of the following entities:</small>			
j <input type="checkbox"/> <small>Enter the amount of the distribution to each of the following entities:</small>			
4 <input type="checkbox"/> <small>Enter the amount of the distribution to each of the following entities:</small>			
a <input type="checkbox"/> <small>Enter the amount of the distribution to each of the following entities:</small>			
b <input type="checkbox"/> <small>Enter the amount of the distribution to each of the following entities:</small>			
c <input type="checkbox"/> <small>Enter the amount of the distribution to each of the following entities:</small>			
5 <input type="checkbox"/> <small>Enter the amount of the distribution to each of the following entities:</small>			
6 <input type="checkbox"/> <small>Enter the amount of the distribution to each of the following entities:</small>			
7 Excess distributions carryover to 2020. <input type="checkbox"/>			
8 <input type="checkbox"/> <small>Enter the amount of the distribution to each of the following entities:</small>			
a <input type="checkbox"/> <small>Enter the amount of the distribution to each of the following entities:</small>			
b <input type="checkbox"/> <small>Enter the amount of the distribution to each of the following entities:</small>			
c <input type="checkbox"/> <small>Enter the amount of the distribution to each of the following entities:</small>			
d <input type="checkbox"/> <small>Enter the amount of the distribution to each of the following entities:</small>			
e <input type="checkbox"/> <small>Enter the amount of the distribution to each of the following entities:</small>			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

XXXXXXXXXXXX

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Attach to Form 990, Form 990-EZ, or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employer identification number

Organization type

Filers of:

Section:

- List of filers and sections with checkboxes and text boxes.

General Rule Special Rule.

Note:

General Rule

Text block under General Rule section.

Special Rules

Text block under Special Rules section.

Text block under Special Rules section.

Text block under Special Rules section.

Caution: must

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. (a) (e) and exclusively \$1,000 or less

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
---	---	---	---

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
---	---

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
---	---	---	---

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
---	---

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
---	---	---	---

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
---	---

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
---	---	---	---

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
---	---

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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Name of the organization

Employer identification number

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Table with 3 columns: Line number (1-6), (a) Description, and (b) Amount. Includes Yes/No checkboxes for lines 5 and 6.

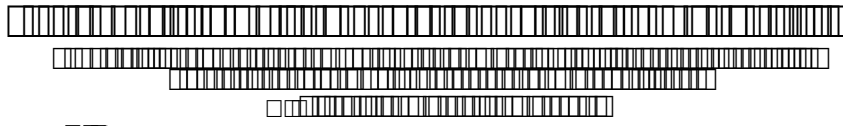
Part II Conservation Easements.

Table with 3 columns: Line number (1-9), Description, and Held at the End of the Tax Year (2a-2d). Includes Yes/No checkboxes for lines 5, 7, and 8.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Table with 3 columns: Line number (1a, 1b, 2a, 2b), Description, and Yes/No checkboxes.

SCHEDULE G
(Form 990 or 990-EZ)



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Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

Employer identification number

Part I

Fundraising Activities.

- 1 a b c d e f g
- 2 a Yes No
- b

(i)	(ii)	(iii)		(iv)	(v)	(vi)
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3

REVENUE		(a) <small>Net proceeds from the event</small>	(b) <small>Direct expenses</small>	(c) <small>Net proceeds</small>	(d) <small>Net proceeds less direct expenses</small>
1	<small>Net proceeds from the event</small>	\$	\$	\$	\$
2	<small>Net proceeds from the event</small>				
3	<small>Net proceeds from the event</small>	\$	\$	\$	\$
DIRECT EXPENSES					
4	<small>Direct expenses</small>				
5	<small>Direct expenses</small>				
6	<small>Direct expenses</small>				
7	<small>Direct expenses</small>				
8	<small>Direct expenses</small>				
9	<small>Direct expenses</small>	\$	\$	\$	\$
10	<small>Direct expenses</small>				\$
11	<small>Direct expenses</small>				\$

Part III Gaming.

REVENUE		(a) <small>Net proceeds</small>	(b) <small>Direct expenses</small>	(c) <small>Net proceeds</small>	(d) <small>Net proceeds less direct expenses</small>
1	<small>Net proceeds from the event</small>				
DIRECT EXPENSES					
2	<small>Direct expenses</small>				
3	<small>Direct expenses</small>				
4	<small>Direct expenses</small>				
5	<small>Direct expenses</small>				
6	<small>Direct expenses</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7	<small>Direct expenses</small>				
8	<small>Direct expenses</small>				

9 Net proceeds from the event

a Net proceeds from the event Yes No

b Net proceeds from the event

10 a Net proceeds from the event Yes No

b Net proceeds from the event

11 Yes No
12 Yes No

13
a 13a
b 13b
14

15a Yes No
b
c

16

17
a Yes No
b

Part IV Supplemental Information.

Part I, Line 2b - Fundraiser Additional Information

**SCHEDULE J
(Form 990)**

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.
- Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

1545010

2019

**Open to Public
Inspection**

1545010

1545010

1545010

Employer identification number

1545010

Part I Questions Regarding Compensation

		Yes	No
1 a	<input type="checkbox"/> Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.		
	<input type="checkbox"/> Attach to Form 990.		
	<input type="checkbox"/> Go to www.irs.gov/Form990 for instructions and the latest information.		
	<input type="checkbox"/> Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.		
	<input type="checkbox"/> Attach to Form 990.		
	<input type="checkbox"/> Go to www.irs.gov/Form990 for instructions and the latest information.		
b	1 b		
2	2		
3	<input type="checkbox"/> Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.		
	<input type="checkbox"/> Attach to Form 990.		
	<input type="checkbox"/> Go to www.irs.gov/Form990 for instructions and the latest information.		
	<input type="checkbox"/> Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.		
	<input type="checkbox"/> Attach to Form 990.		
	<input type="checkbox"/> Go to www.irs.gov/Form990 for instructions and the latest information.		
4			
a	4 a		<input type="checkbox"/>
b	4 b		<input type="checkbox"/>
c	4 c		<input type="checkbox"/>
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5			
a	5 a		<input type="checkbox"/>
b	5 b		<input type="checkbox"/>
6			
a	6 a		<input type="checkbox"/>
b	6 b		<input type="checkbox"/>
7	7		<input type="checkbox"/>
8	8		<input type="checkbox"/>
9	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.

Note: This information is required to be reported for each individual who is an officer, director, trustee, key employee, or highest compensated employee of the organization for the year.

Note: This information is required to be reported for each individual who is an officer, director, trustee, key employee, or highest compensated employee of the organization for the year.

(A) Name		(B) Compensation			(C) Non-Excess Parsonage Allowance	(D) Excess Parsonage Allowance	(E) Other Compensation	(F) Total Compensation
		(i) Salary	(ii) Bonus & Other Compensation	(iii) Other Compensation				
1	(i)							
	(ii)							
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

